

Foster Family Home - Corrective Action Report

Provider ID: 3-619281

Home Name: Marites Domingo, CNA

Review ID: 3-619281-15

74-1451 Hao Kuni Street

Reviewer: Terri Van Houten

Kailua-Kona HI 96740

Begin Date: 6/3/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 7/3/2021.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - One [REDACTED] HHM did not have a current TB clearance

Foster Family Home	Physical Environment	[11-800-49]
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49.(e) The home shall have policies regarding smoking on the property that:

Comment:

49.(e) - The CCFFH did not have evidence of a smoking policy

Foster Family Home	Client Rights	[11-800-53]
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53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) - The CCFFH did not have evidence of visiting hours provided to the client/POA.

Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

- 54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(5) Medication schedule checklist;
- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:


54.(b) - [REDACTED] progress notes were not signed after each entry.

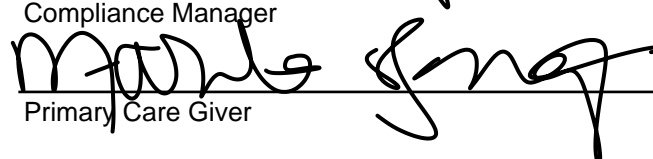
54.(c)(2) - Client #1's service plan indicated [REDACTED] but not recorded since 5/14/21

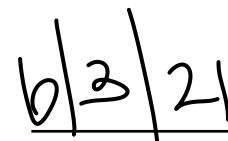
Client #2 was missing the service plan review from 4/2021 and 4/2020.

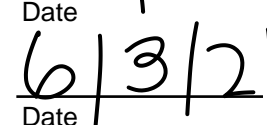
54.(c)(5) - Medication discrepancies: Client #1 changes to medications dose was not reflected on the MAR. Client #3 medication ordered 8/2020 did not appear on the MAR in April, May or June 2021.

54.(c)(6) - Client #1 did not have a personal care/observation daily checklist started for June 2021


Compliance Manager


Primary Care Giver


Date


Date

CTA RN Compliance Manager: Terri Van Houten

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Marites Domingo

(PLEASE PRINT)

CCFFH Address: 74-1451 Hao Kuni Street, Kailua-Kona, HI 96740

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.f.1	2021 TB Clearance was obtained [REDACTED]. It was Placed into Home Record.	6/15/21	Home will use Desk Calendar to identify when requirements is due.
49.e.	Smoking Policy obtained. It is placed into Home Record. Sign is also posted in the front door.	6/4/21	CG 1 will make sure it is Placed in the binder at all times
53.b.15	Visiting hours Policy obtained. It is placed into Home Record and Provided to the client/POA	6/4/21	CG 1 will make sure it is Kept in the Home Binder at all times.
54.b.	CG 1 is aware that there should be signature after each entry. Progress notes was corrected by CG.	6/3/21	CG 1 will make sure to sign progress notes after each entry.

☒ All items that were fixed are attached to this CAPPCG's Signature: Marites DomingoDate: 06-22-2021☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

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Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
54.c.2.	CG 1 is aware to [REDACTED] daily for client #1. Service Plan for Client #2 review from 4/2021 and 4/2020 has been Placed in client Binder.	6/3/21 6/3/21	CG 1 will make sure to record in the Permanent record sheet for [REDACTED] for each clients to Prevent from Misplacing it. CG 1 will make sure to File it in clients Binder as soon as received to prevent from misplacing papers.
54.c.5.	Medication discrepancies for client #1 and client #3 was corrected by clients CMA. It is placed into the clients record.	6/4/21	CG 1 will make sure to double check MAR every month to ensure all medications are written down on clients MAR.
54.c.6.	Client #1 checklist was done by on June 3rd. It is Placed in client Binder.	6/3/21	CG 1 will make sure to sign everyday to show daily Activities is done.

☒ All items that were fixed are attached to this CAPPCG's Signature: Marites DomingoDate: 06-22-2021☒ CTA has reviewed all corrected items